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## EDITORIALS†

### FEDERAL WAGNER BILL, S. 1620: AND ITS BACK-DOOR SUBSTITUTE, HOUSE RESOLUTION, H. R. 6635

**Wagner Health Bill, S. 1620.**—In recent issues of the OFFICIAL JOURNAL, the scope and significance of the Wagner Health Bill (S. 1620), have been discussed;\* and in our comment, last month, we wrote:

It has been stated that the Wagner Health Bill will probably not be voted out of committee during the present session of Congress; but that does not mean it will not reappear, with stronger backing than ever, in the succeeding Congress.

\* \* \*

**Senator Wagner's Amendments to H.R. 6635.**—What was forecast at that time has come true, only more quickly than then appeared likely, and not in a new or revised and separately introduced Senate bill at the next Congress, but in one, in the form of what might be called a back-door substitute, in the last days, probably, of the current Congressional session! The sponsor of the new effort was none other than the New York Senator, Robert F. Wagner, himself, author-in-chief of S. 1620, who, through certain amendments to a resolution concerning the Social Security Board, in a bill (H.R. 6635), that originated in the House of Representatives, has progressed well on the way to passage with a "health" measure even more far-reaching than his original and much talked of "Wagner Bill" (S. 1620).

H.R. 6635, the Social Security measure here referred to, having been favorably acted upon by the House of Representatives, at this writing is pending in the Senate (where Senator Wagner introduced his amendments), and now is under consideration by its Finance Committee.

The menace to public health and medical practice interests, as embodied in H.R. 6635, lies in the fact that its "health provisions," or amendments, are a sort of "riders" to a measure of major scope, that may be sent to a Conference Committee of Senators and Representatives, before which, however much otherwise it may be discussed, no hearings might be held on Senator Wagner's attached health amendments! Moreover, since reports of a

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

\* In June issue, on page 447; in July issue, on page 4.

Conference Committee have privileged places on the Congressional calendars, and are not open for amendment, such health or medical service inclusions may go on to passage, in this case as part of a Social Security measure, the major purposes of which may have implications necessitating, in the opinion of Congress, prompt action.

\* \* \*

**Responsibility of County Societies and Individual Physicians, Regarding H.R. 6635.**—During the two weeks prior to the writing of these comments, the officers of the component county societies of California Medical Association were made acquainted with these facts, to enable them to write to their respective Congressmen and the two United States Senators.

It will be in order, therefore, for every member of the California Medical Association promptly to write to United States Senators Hiram Johnson and Sheridan Downey, and acquaint them with the reaction of members of the California medical profession on the medical service amendments proposed by Senator Wagner of New York. If Congress is still in session at the time of such writing, the communications should be sent to Washington as per the addresses given with the roster.<sup>†</sup> If subsequently, then to the same or to their home addresses. A member of the Association who personally knows his Congressman, may wish to follow up such letters, as opportunity presents, with personal interviews. For, as has been stated in these columns, these issues are not dead; and unless Congressional actions are watched, there is real danger that "health or medical service" enactments may slip through Congress, suddenly to launch projects upon the Nation, backed by large resources of federal funds, that would be almost certain promptly to establish an administrative bureaucracy impossible to overcome, once it is officially established. To be remembered, also, is that bureaucracies, once in being, usually set about immediately to enlarge their scope, functions, and powers.

\* \* \*

**More Concerning the Nature of the Amendments to H.R. 6635.**—An insight into the real nature of Senator Wagner's amendments to H.R. 6635 may be gathered by a perusal of excerpts of a communication recently received, from which we quote as follows:

*In Senator Wagner's Health Bill, S. 1620, it is proposed that the Social Security Board be authorized to coöperate with the several states in establishing state medical services. Such authority carries with it authority on the part of the Board to determine whether any proposed state medical service is or is not satisfactory. If the Social Security Board determines that it is not satisfactory, then the state is not to receive Federal aid. If Federal aid is granted, and if, at any time, the Social Security Board determines that the operations of the state service are not in accordance with the agreed plan, Federal aid may be withdrawn. Obviously, under such legislation the Social Security Board might easily impose on the several states any form of state medical service that it favored, under penalty of denial of Federal financial aid if the state set up a service of which the Board did not approve.*

<sup>†</sup> For roster and Washington address, see page 116.

*Under the national medical service proposed by Senator Wagner's amendment, the Board would be in supreme control throughout the states. The states would have no voice in the management of the proposed service. Neither would they be called on to pay any part of the cost. An examination of Section 202 (d), proposed as an amendment by Senator Wagner, gives some idea of the extent of the service proposed. The amount to be expended for the maintenance of such services, as stated in the amendment itself, is vague, and whether it would, even under the most favorable conditions, cover the cost of an effective service, no one can tell. If it does not, Congress might be called on to authorize larger expenditures, or the medical corps throughout the country might be called on to render all necessary services for whatever amount might be available.*

*Senator Wagner's proposed amendment to H. R. 6635 would set up, if enacted, a national medical service for the benefit of a limited group of employees of private industry throughout the entire United States. Excluded from the hypothetical benefits of that service would be farmers and farm labor, domestic service, professional men and women, and a multitude of persons engaged in commerce, the arts, and trades on their own account. And yet the expenses of the service are apparently to be paid out of the general revenues of the country, to which every inhabitant contributes, either directly as a taxpayer or indirectly as a consumer. It requires no depth of insight to see that a revolutionary project of this kind requires more study and consideration than it can receive as a newly proposed amendment to a lengthy bill of which it is not an essential feature within the few days that now remain before the adjournment of Congress.*

**THE WAGNER NATIONAL MEDICAL SERVICE AMENDMENT TO H. R. 6635 SHOULD BE OPPOSED.**

\* \* \*

**The Time to Act Is Now.**—Is it, therefore, expressing too optimistic a note to state the hope that many, many members of the California Medical Association will take the time to do their bit in this matter, by writing to Senators Johnson and Downey, and to their respective Congressmen? *Why not pen the letters before the intention is forgotten?*

#### **THE PROFESSIONS: ARE ALL TO BOW TO GOVERNMENTAL PATERNALISM?**

**Washington Health Conference and Its Aftermath.**—Much water has gone over the dam since the July, 1938, National Health Conference met in Washington, D. C., to receive the report of President Roosevelt's Interdepartmental Committee, and the recommendations of the Committee's technical experts. The almost prearranged program of that gathering was followed by the indictments against certain officers of the American Medical Association and the Medical Society of the District of Columbia, the Government's spokesman being Assistant United States Attorney General Thurman Arnold, who promulgated his intentions with ceremonious releases to the great press associations; so that soon, from Maine to California, and from Florida to Washington, the seeds of distrust were widely sown against the entire medical profession of the United States.

This propaganda, for supposedly better care of the sick, carried on through governmental and other agencies, has well served the aims of non-medical proponents of compulsory health laws, who seem, in their own thought-confusions, by and large to be unable to understand that sickness, an end result very often due to poverty